

PROGRAM INSTRUCTION

EOEA-PI-04-18

Ref : EOEA-IM-01-12

and EOEA-PI-03-13

To: Area Agencies on Aging
Aging Services Access Points
Interested Parties

From: Jennifer Davis Carey

Date: December 1, 2004

Subject: Financial Eligibility Guidelines – Home Care Program

This Program Instruction (PI) transmits the Financial Eligibility Guidelines that will take effect on January 1, 2005 for Home Care Program voluntary co-payment, cost sharing and Respite Care co-payment (referred to as Financial Eligibility Guidelines). As required under 651 CMR 3.03(3)(a), the Financial Eligibility Guidelines have been adjusted to reflect the Calendar Year (CY) 2004 Cost of Living Allowance (COLA) adopted by the U.S. Social Security Administration for all Social Security and Supplemental Security Income (SSI) beneficiaries.

You may recall the Executive Office of Elder Affairs (Elder Affairs) amended the Home Care Program regulations in 2001 (See EOEA-IM-01-12). Pursuant to those amendments Elder Affairs is required to recalculate and distribute as a Program Instruction before January 1st of each year the revised Financial Eligibility Guidelines based on the most recent COLA (See 651 CMR 3.03(3)(a)). By upwardly adjusting these Financial Eligibility Guidelines, Elder Affairs will prevent any unintended displacement of clients who – as a result of increased Social Security or Supplemental Security Income benefits – would otherwise become ineligible due to increases in family income that are intended to mitigate the annual the cost of living. Client copayment levels that were last increased in 2003 remain unchanged (See EOEA-PI-03-13).

The income guidelines will soon be accessible at the Elder Affairs' Internet website <http://www.mass.gov/elder> indexed both under Regulations and Home Care.

If you have questions about this instruction, please call Brian Beausoleil, Home Care Coordinator, at (617) 222-7557, or Peter Antonellis, Esq., Assistant General Counsel at (617) 727-7750.

HOME CARE PROGRAM

VOLUNTARY CO-PAYMENT AND COST SHARING SCHEDULES

Issue Date: December 1, 2004 (EOEA-PI-04-18)

Effective Date: January 1, 2005

VOLUNTARY CO-PAYMENT:

<u>Family Size</u>	<u>Annual Gross Income</u>	<u>Voluntary Co-payment</u>
1	\$ 9,385 or less	\$7/month
2	\$12,583 or less	\$10/month

COST SHARING:

<u>One Person</u>	<u>Monthly</u>	<u>Two Person Family</u>	<u>Monthly</u>
<u>Annual Gross Income</u>	<u>Co-payment</u>	<u>Annual Gross Income</u>	<u>Co-payment</u>
\$ 9,386 - \$11,449	\$ 7	\$12,584 - \$15,780	\$ 13
\$11,450 - \$13,509	\$ 9	\$15,781 - \$18,965	\$ 16
\$13,510 - \$14,921	\$ 20	\$18,966 - \$20,571	\$ 38
\$14,922 - \$15,988	\$ 29	\$20,572 - \$22,172	\$ 58
\$15,989 - \$17,054	\$ 38	\$22,173 - \$23,778	\$ 72
\$17,055 - \$18,118	\$ 54	\$23,779 - \$25,382	\$ 85
\$18,119 - \$19,184	\$ 72	\$25,383 - \$25,957	\$ 95
\$19,185 - \$20,249	\$100	\$25,958 - \$28,589	\$110
\$20,250 - \$21,339	\$125	\$28,590 - \$30,195	\$135

OVER INCOME COST SHARING FOR RESPITE CARE:

<u>One Person</u>	<u>Monthly</u>	<u>Two Person Family</u>	<u>Monthly</u>
<u>Annual Gross Income</u>	<u>Co-payment</u>	<u>Annual Gross Income</u>	<u>Co-payment</u>
\$21,340 - \$23,124	50%	\$30,196 - \$31,217	50%
\$23,125 - \$24,857	55%	\$31,218 - \$32,950	55%
\$24,858 - \$26,592	60%	\$32,951 - \$34,686	60%
\$26,593 - \$28,326	65%	\$34,687 - \$36,419	65%
\$28,327 - \$30,060	70%	\$36,420 - \$38,153	70%
\$30,061 - \$31,796	75%	\$38,154 - \$39,888	75%
\$31,797 - \$33,527	80%	\$39,889 - \$41,622	80%
\$33,528 - \$35,262	85%	\$41,623 - \$43,356	85%
\$35,263 - \$36,998	90%	\$43,357 - \$45,091	90%
\$36,999 - \$38,731	95%	\$45,092 - \$46,826	95%
\$38,732 and over:	100%	\$46,827 and over:	100%